

# CADR Quiz

**Instructions:** Identify the errors that occur within the items listed below.

#1

## Part 1.1. Provider and Agency Contact Information

**1. Provider name:**

\_\_\_\_\_ ACHC \_\_\_\_\_

**2. Provider address:**

**a.** Street: 999 Made-up Street \_\_\_\_\_

**b.** City: Anywhere \_\_\_\_\_ State: CA \_\_\_\_\_

**c.** ZIP code: 9 9 9 9 9 - \_\_\_\_\_

**d.** Taxpayer ID #: 6 8 - 3 G L 2 0 9 \_\_\_\_\_

#2

**10. Source of Ryan White CARE Act funding:** *(Check all that apply)*

☐ Title I

Name of grantee(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

☒ Title II

Name of grantee(s):

1. California Department of Health \_\_\_\_\_
2. \_\_\_\_\_

☒ Title III EIS

Name of grantee(s):

1. ACHC \_\_\_\_\_
2. \_\_\_\_\_

☒ Title IV

Name of grantee(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

☐ Title IV Adolescent Initiative

Name of grantee(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

# CADR Quiz

**Instructions:** Identify the errors that occur within the items listed below.

#3

**19. Amount of Title I funding received during this reporting period** (*rounded to the nearest dollar*):

\$ \_\_\_\_\_

**20. Amount of Title II funding received during this reporting period** (*rounded to the nearest dollar*):

\$ 956,000 \_\_\_\_\_

**21. Amount of Title III EIS funding received during this reporting period** (*rounded to the nearest dollar*):

\$ 623,600 \_\_\_\_\_

**22. Amount of Title IV funding received during this reporting period** (*rounded to the nearest dollar*):

\$ \_\_\_\_\_

#4

**28. Hispanic or Latino/a ethnicity:**

<i>Number of clients:</i>	<i>HIV positive</i>	<i>HIV affected</i>
Hispanic or Latino/a	<u>113</u>	<u>23</u>
Non-Hispanic or Non-Latino/a	<u>171</u>	<u>18</u>
Unknown/unreported	<u>41</u>	<u>19</u>
Total	<u>325</u>	<u>60</u>

**29. Race** (all clients reported in Item 28 must be included in this Item):

<i>Number of clients:</i>	<i>HIV positive</i>	<i>HIV affected</i>
White	<u>93</u>	<u>9</u>
Black or African American	<u>116</u>	<u>21</u>
Asian	<u>1</u>	<u>        </u>
Native Hawaiian or Other Pacific Islander	<u>        </u>	<u>        </u>
American Indian or Alaska Native	<u>        </u>	<u>        </u>
More than one race	<u>1</u>	<u>1</u>
Unknown/unreported	<u>1</u>	<u>6</u>
Total	<u>212</u>	<u>37</u>

Refer to this data to find the errors in Items 28 & 29:

**24. Total number of unduplicated clients:**

<u>325</u>	HIV positive
<u>36</u>	HIV negative (affected)
<u>24</u>	Unknown/unreported (affected)
<u>385</u>	Total

# CADR Quiz

**Instructions:** Identify the errors that occur within the items listed below.

**#5**

**32. Medical insurance (at the end of reporting period):**

<i>Number of clients:</i>	<i>HIV positive</i>	<i>HIV affected</i>
Private	<u>82</u>	<u>11</u>
Medicare	<u>14</u>	
Medicaid	<u>172</u>	<u>39</u>
Other public	<u>25</u>	<u>3</u>
No insurance	<u>36</u>	<u>6</u>
Other	<u>10</u>	
Unknown/unreported	<u>13</u>	<u>4</u>
Total	<u>352</u>	<u>63</u>

Refer to this data to find the error in Item 32:

**24. Total number of unduplicated clients:**

<u>325</u>	HIV positive
<u>36</u>	HIV negative (affected)
<u>24</u>	Unknown/unreported (affected)
<u>385</u>	Total

**#6**

**33. HIV/AIDS status (at the end of reporting period):**

<i>Number of clients:</i>	<i>HIV positive</i>	<i>HIV affected</i>
HIV positive, not AIDS	<u>71</u>	
HIV positive, AIDS status unknown	<u>182</u>	
CDC-defined AIDS	<u>64</u>	
HIV negative (affected clients only)		<u>36</u>
Unknown/unreported (affected clients only)		<u>32</u>
Total	<u>317</u>	<u>68</u>

Refer to this data to find the errors in Item 33:

**24. Total number of unduplicated clients:**

<u>325</u>	HIV positive
<u>36</u>	HIV negative (affected)
<u>24</u>	Unknown/unreported (affected)
<u>385</u>	Total

**#7**

**34. Clients' vital/enrollment status (at the end of reporting period):**

<i>Number of clients:</i>	<i>HIV positive</i>	<i>HIV affected</i>
Active, client new to program	<u>22</u>	<u>35</u>
Active, client continuing in program	<u>261</u>	<u>25</u>
Deceased	<u>15</u>	<u>2</u>
Inactive	<u>27</u>	
Unknown/unreported	<u>8</u>	
Total	<u>333</u>	<u>62</u>

Refer to this data to find the errors in Item 34:

**24. Total number of unduplicated clients:**

<u>325</u>	HIV positive
<u>36</u>	HIV negative (affected)
<u>24</u>	Unknown/unreported (affected)
<u>385</u>	Total

# CADR Quiz

**Instructions:** Identify the errors that occur within the items listed below.

#8

**43.** Did your program offer partner notification services during this reporting period?

☒ Yes (*Continue.*)

☐ No (*Skip to Section 5.*)

**44.** (*If “yes” in #43,*) How many at-risk partners were notified during this reporting period?

\_\_\_\_\_

#9

**45.** Total number of unduplicated clients reporting on in this section by gender:

\_\_\_\_\_ 140      Male

\_\_\_\_\_ 181      Female

\_\_\_\_\_      Transgender

\_\_\_\_\_ 7      Unknown/unreported

\_\_\_\_\_ 328      Total

**NOTE:** Refer to this data to find the errors in Item 45:

**35.** Services provided, number of clients served, and total number of visits during this reporting period:

1 Service Categories	2 Check if service was provided	3a Total # of unduplicated clients		3b Check if # of clients unknown	4a Total # of visits during reporting period		4b Check if # of visits unknown
		HIV+	Affected		HIV+	Affected	
a.    Ambulatory/outpatient medical care	✓	325			1492		